



# Department of Mental Health (DMH)

Emily Hawes, Commissioner

Samantha Sweet, Director of Mental Health Services

# 3 Essential Elements of Crisis System of Care

Someone to talk to



Regional or  
statewide  
crisis call  
centers

Someone to respond



Crisis Mobile  
Team  
response

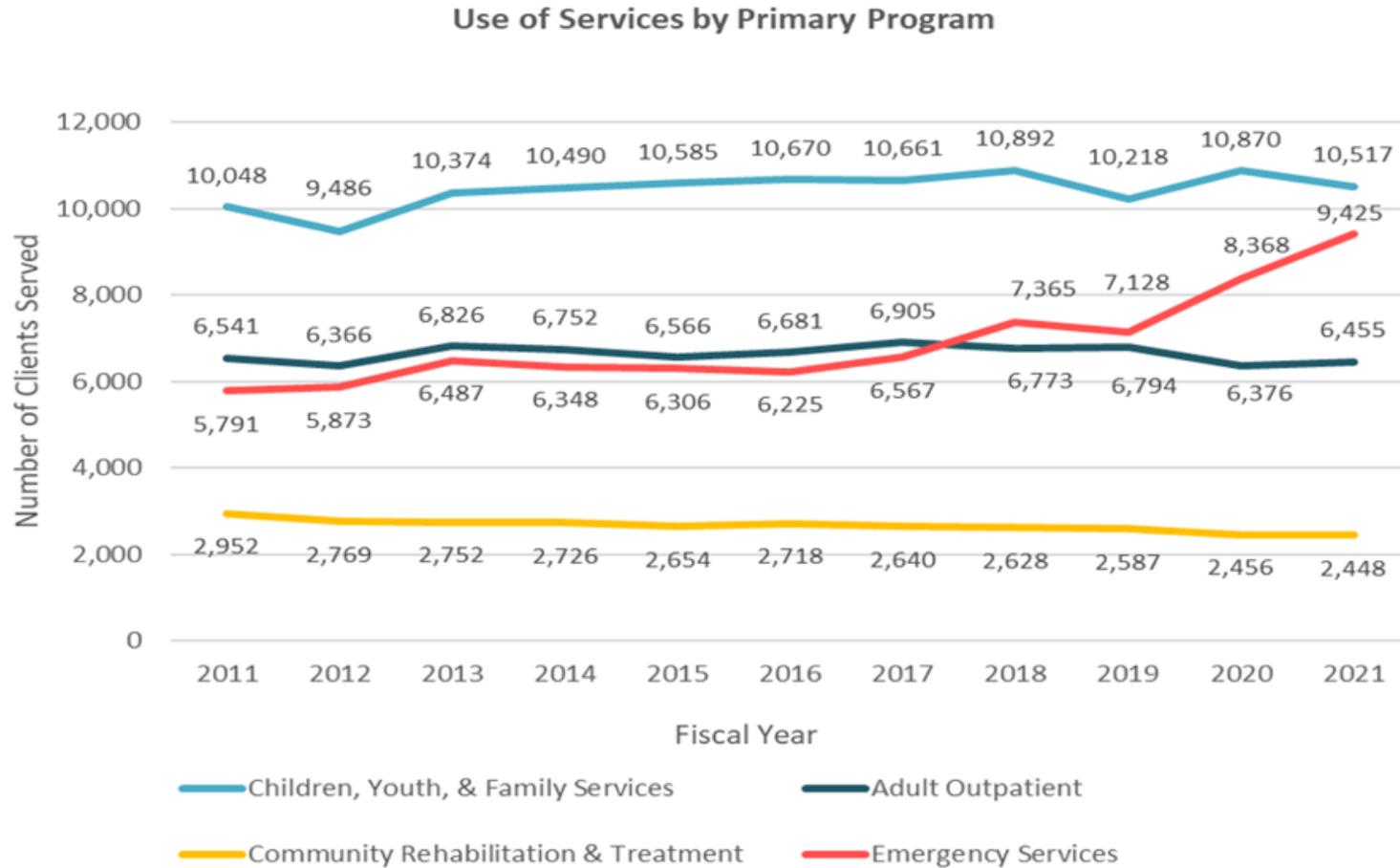
Somewhere to go



Crisis  
receiving and  
stabilization  
facilities

# How Much?

## PEOPLE SERVED BY PROGRAM



# Mental Health Crisis Assessment Location Snapshot

AGENCY	Office (DA Site)	Community	Emergency Room	Telemedicine
CSAC	12%	58.5%	18.8%	7.1%
NCSS	33.4%	54.5%	4.5%	1.8%
HC	73.5%	6.7%	16.9%	0.2%
LCMH	79.7%	0.3%	16.1%	0.0%
HCRS	1.4%	4.4%	2.0%	90.1%
NKHS	7.5%	8.4%	31.0%	42.7%
CMC	77.5%	1.6%	6.5%	12.5%
RMHS	64.9%	0.9%	9.8%	24.0%
UCS	24.6%	6.9%	19.8%	0.3%
WCMH	81.3%	1.3%	3.9%	0.4%

# Mobile Crisis: Stakeholder Engagement Process

Interviews, focus groups, and meetings were held with consumers, families, community members, providers, community-based organizations, schools, law enforcement, state agencies, and more. The State specifically took care to target input from historically marginalized populations, such as:

- Transitional age youth, families, adults, and elders most impacted by the crisis service system
- Service providers and community stakeholders
- First responders including law enforcement and Emergency Services
- Refugees and immigrant communities
- Hospitals
- State leaders
- Schools
- People with intellectual and developmental disabilities
- LGBTQI+

## Townhall

On March 22, 2022, public administrators conducted a virtual “town hall” as the first step to understanding how to best meet the needs of Vermonters. A virtual townhall was conducted on March 2, 2022.

- [Slides from the townhall](#)
- [Video recording of the townhall](#)

# Mobile Crisis: Stakeholder Feedback on Current Crisis System of Care

- 54 percent of consumers reported that **not knowing where or who to call** has been the hardest thing about getting crisis services.
- For consumers and families that have accessed crisis services, **64% reported receiving services in hospital emergency departments “most of the time”** although 65 percent of consumers and families indicated they would like to receive crisis care in the community.
- Half of the 15 hospital/ED respondents indicated that 50-75 percent of individuals that present to the ED for a mental health or substance use related crisis **could have been evaluated in the community** (i.e., did not warrant medical screening). *This presents significant savings potential for Vermont Medicaid and other payers.*
- In response to particular groups that are not well served by the current mobile crisis system, the top responses (in rank order) were **individuals whose were unhoused**, individuals with **intellectual or developmental disabilities**, individuals with **substance use disorder** and **children and youth**.

# Needs Assessment Findings

	Key Federal Requirements	Needs Assessment Key Findings
Key Services	Community based mobile crisis services must be available 24/7/365. Follow-up care delivered by mobile crisis teams is eligible for enhanced funding.	Mobile crisis services are not consistently available in the community and 24/7. Follow-up services are not consistently provided.
Mobile Team Composition	Services must be delivered by a multi-disciplinary team that includes at least one behavioral health care professional qualified to provide an assessment within their authorized scope of practice under state law and should also include other professionals or paraprofessionals with expertise in behavioral health or mental health crisis intervention.	In most instances, services are delivered by a single person. Best practices include incorporating trained peers who have lived experience, and use of peers is not currently required of Emergency Services teams. H. 740 describes future peer workforce requirements for mobile crisis teams.
Quality and Performance Measurement	States should develop a systemic process to continuously analyze data for performance evaluation. State must establish timeliness standards.	Current oversight of mobile crisis services does not exist in a meaningful way. Timeliness standards are explicitly stated in the Designated Agency Emergency Service Standards, but there is no data collection and monitoring.

Using a federal planning grant, AHS partnered with Health Management Associates (HMA) to conduct a statewide needs assessment to identify gaps and opportunities of the current crisis system.

# What is the New Mobile Crisis Benefit?

- Occur in community-based environment
- Two-person team
- Goal to be centrally dispatched
- Assessment and stabilization of mental health and substance use needs

Service Definition - Mobile Crisis Intervention (Community-Based Multi-Disciplinary Team)	
Procedure Code Description	CPT*/HCPCS PROCEDURE CODE
Crisis Intervention, per 15 mins	H2011 HT
Service Description	Example Composition of Services
Crisis intervention services are provided by a mobile team that travels to the place where the person is having the crisis (e.g., person's place of residence or community setting). Crisis intervention services include services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to: (1) Stabilize acute psychiatric or behavioral symptoms; (2) Evaluate treatment needs; and (3) Develop plans to meet the needs of the persons served. Based on need, the person may be transported to a more appropriate facility for further care (e.g., a crisis services center).	Crisis and emergency services assessments
	Dispatch and coordination through Crisis Hotline Services
	Therapeutic Interventions based on needs of the individual
	De-escalation
	Short-term stabilization
	Develop Crisis and/or Safety Plan
	Medication
	Counseling
	Referrals
Peer support	

# Mobile Crisis: State Positions

1. **State Crisis [Program Director](#)** (Pay Grade 28): responsibilities may include:
  - a. program design, integration, oversight/collaboration of all State Crisis activities, such as Mobile Crisis, 988, and Designated Agency Emergency Services, Alternatives to EDs, work with community-level law enforcement divergence strategies (CAHOOTS, embedded social workers).
  - b. legislative reports, testimony, and stakeholder engagement.
2. **Mobile Crisis Program [Operations Manager](#)** (Pay Grade 27): responsibilities may include:
  - a. contract/grant management with mobile crisis provider(s),
  - b. federal program compliance,
  - c. writing/maintaining the Mobile Crisis Provider Manual.
  - d. Facilitate inter-agency steering committee for mobile crisis (as this crosses DAIL, VDH-DSU, DCF also).
  - e. Participate in Medicaid rate setting activities, including collaborating with commercial and other payers.
3. **Mental Health Mobile Crisis Program [Mental Health Analyst III](#)** (Pay Grade 25): responsibilities may include:
  - a. design and implementation of the data and reporting items for federal, state, and other reporting requirements.
  - b. Participation in the rate model development, revisions, ongoing rate setting activities.
  - c. Responds to leadership, legislative, media requests for data analytics.
  - d. Manage MMIS/IT system changes
4. **[Training and Curriculum Development Supervisor](#)** (Pay Grade 26) Responsibilities may include:
  - a. designing and developing training curriculum and materials for state crisis programs such as Mobile Crisis, 988, and Designated Agency Emergency Services, Alternatives to EDs, work with community-level law enforcement divergence strategies (e.g., CAHOOTS, embedded social workers)
  - b. Integration of state/federal compliance, general business operations into a comprehensive training program.
  - c. Capable of training delivery in a variety of medium (webinar, in person, etc.).
  - d. Strategic planning for program improvement activities through training and technical assistance to providers.
  - e. Accessible material development for leadership, legislative updates, and media response

# Timeline & Next Steps

Action Item	Start Date	End Date
Release Notice of Intent to Procure for mobile crisis services in VT	8/1/2022	
Letters of Intent received from prospective bidders		8/31/2022
Revise mobile crisis RFP as needed based on bidder interest	9/15/2022	9/15/2022
Mobile crisis RFP released	11/1/2022	
Finalize oversight model, including identification of quality metrics and data collection/reporting needs.	11/1/2023	6/1/2023
Mobile crisis RFP responses due		12/30/2022
Hold requirements meetings for updates to state information systems; complete system work	1/1/2023	8/31/2023
Mobile crisis RFP and start-up funding awarded	2/2023	
Provider contracting process	2/2023	5/1/2023
Provider readiness assessments	5/1/2023	8/31/2023
State Plan Amendment submitted to CMS	5/1/2023	5/1/2023
Public notice posting	6/1/2023	6/30/2023
Response to public comment	7/1/2023	8/15/2023
Go-Live	9/1/2023	

# Appendix

## Questions for All

Stakeholder Type	%	Count
A. Law Enforcement (State, County, Local Police/Sheriff)	6%	16
B. Emergency Medical Services (EMS)	1%	2
C. Court System Stakeholders including parole and probation	1%	4
D. Designated Agency	16%	44
E. Physical health care provider	3%	7
F. Social services provider (housing assistance, nutrition, outreach, re-entry)	14%	39
G. Mental health and/or substance use Provider (Non-DA, Mental Health and Substance Use)	12%	33
H. Hospital/Emergency Department	7%	18
I. School	4%	10
J. Peer or Recovery Specialist	5%	13
K. Person with history of receiving crisis services	3%	8
L. Families and people with loved ones who experience the crisis service system	7%	18
M. Member of the Community	7%	19
N. Other (please describe):	14%	39
<b>Total</b>	<b>100%</b>	<b>270</b>

\*\*this question was only asked for stakeholders K, L or M

\*\*\* this question was only asked for stakeholders A through J

### Please select all the identities that apply to you (Optional):\*\* (n=28)

Answer	%	Count
i. Older Vermonter (60+)	6%	15
ii. LGBTQ+ Youth (age 0-18)	0%	0
iii. LGBTQ+ Adults (age 18+)	2%	5
iv. Veteran	0%	0
v. Transition Age Youth (age 16 - 25)	0%	1
vi. Advocacy Organization	3%	7
vii. Immigrant	1%	2
viii. Refugee	0%	0
ix. Person with Intellectual/Developmental Disability	1%	3
x. Person experiencing Homelessness	0%	0
xi. BIPOC (Black, indigenous, people of color)	1%	3

### Please indicate the County of your Agency/Organization/Department:\*\*\* (n=186)

Answer	%	Count
Addison County	6%	12
Bennington County	3%	5
Caledonia County	5%	9
Chittenden County	17%	31
Essex County	1%	1
Franklin County	9%	16
Grand Isle County	1%	1
Lamoille County	4%	8
Orange County	3%	5
Orleans County	4%	7
Rutland County	10%	18
Washington County	10%	19
Windham County	13%	24
Windsor County	12%	23
Other (please describe)	4%	7

**9. What are "pockets of excellence: or what is working well within Vermont's mental health and/or substance use related crisis system? (choose all that apply) (n=270)**

Answer	%	Count
<b>Crisis call line services (24/7/365)</b>	50%	134
Community-based crisis services (in the home, work, school, etc.)	29%	79
Crisis stabilization services (short-term 23-hour care and services)	13%	35
Hospital-based crisis services	16%	44
Follow-up services by crisis team immediately after crisis assessment	18%	49
<b>Law enforcement - Mobile Crisis partnerships</b>	30%	82
EMS - Mobile Crisis Partnerships	16%	42
Other (please describe)	27%	73

**10. What services are currently missing or can be improved upon in Vermont's mental health and/or substance use related crisis system? (choose all that apply) (n=270)**

Answer	%	Count
Crisis call line services (24/7/365)	28%	76
<b>Community-based crisis services (in the home, work, school, etc.)</b>	60%	163
<b>Crisis stabilization services (short-term 23-hour care and services)</b>	70%	188
Hospital-based crisis services	57%	154
<b>Follow-up services by crisis team immediately after crisis assessment</b>	60%	162
Law enforcement - Mobile Crisis partnerships	43%	116
EMS - Mobile Crisis Partnerships	43%	117
Other (please describe)	21%	58

**11. From your perspective, are there any post-crisis gaps in services and supports that people are not able to receive? (n=270)**

Answer	%	Count
<b>Yes</b>	90%	244
No	10%	26

**If yes, (choose all that apply) (n=235)**

Answer	%	Count
Navigation assistance	49%	115
<b>Timely access to mental health services</b>	83%	194
Timely access to substance use disorder services	61%	144
<b>Timely access to other supports and services, including navigation, housing, childcare, nutrition and transportation.</b>	69%	162
<b>On-going mobile crisis follow-up services until established in treatment services</b>	71%	167
23-hour crisis stabilization programs	60%	140
Other (please describe)	17%	40

# MENTAL HEALTH SYSTEM OF CARE

**Key to Provider Symbols**

- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

- Peer-run Services & Residential Care
- Department of Mental Health
- Designated and Specialized Services Agencies
- Private Providers

**Inpatient Hospitalization**  
229 total beds

<p>Children &amp; Adolescent 1 Facility   30 Beds</p>	<p>General Inpatient (Adult) 7 Facilities   142 Beds</p>	<p>Level One Inpatient (Adult) 3 Facilities   57 Beds</p>
---	--	---

**Secure Residential**  
16 total beds

MTCR → River Valley  
1 Facility | 7 Beds → 16 Beds

**Intensive Residential & Treatment Programs**  
92 total beds

<p>Youth Residential (PNMI) 5 Residences   45 Beds</p>	<p>Intensive Recovery Residential 5 Residences   42 Beds</p>	<p>Peer-run Residential 1 Residence   5 Beds</p>
--	--	--

**Crisis Supports & Response**  
56 total beds

<p>Children's Crisis Stabilization Program 1 Facility   6 Beds</p>	<p>Youth Hospital Diversion Program 2 Facilities   12 Beds</p>	<p>Psychiatric Urgent Care for Kids (PUCK) 1 Facility   6 Beds</p>	<p>Mobile Response Support Services Rutland Pilot 1 Facility   6 Beds</p>	<p>Adult Crisis Beds 12 Facilities   38 Beds</p>	<p>Crisis Assessment, Support &amp; Referral Continuing Education &amp; Advocacy</p>	<p>988 Crisis Lifeline Centers Call   Chat   Text</p>
--	--	--	---	--	--	---

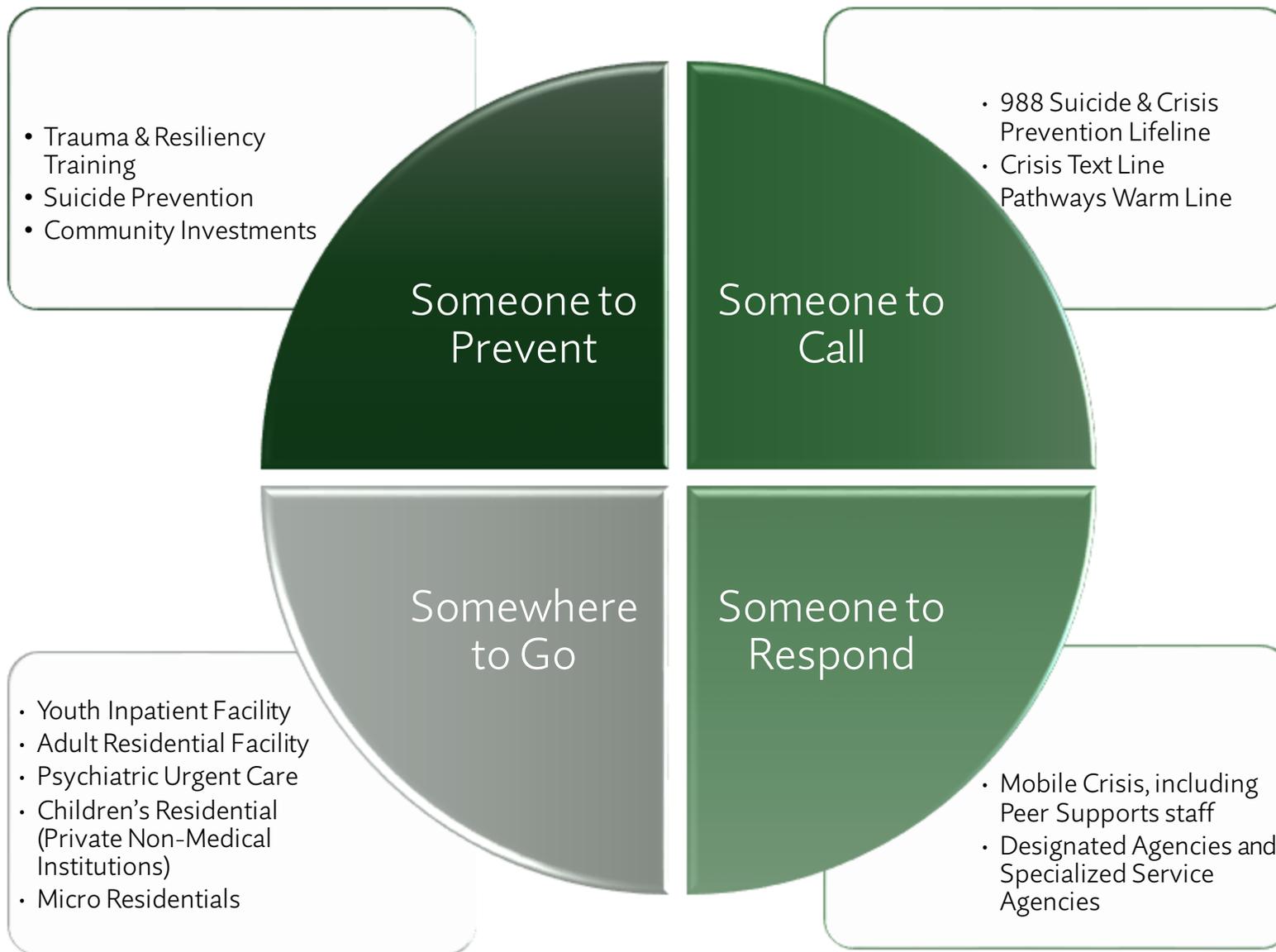
**Community Mental Health**  
174 total beds/109 vouchers

<p>Micro-residential (HCBS) 3 Homes   9 Beds</p>	<p>Youth Group Homes (PNMI) 4 Homes   13 Beds</p>	<p>Group Residential Homes 19 Homes   152 Beds</p>	<p>Shelter &amp; Care Vouchers DMH Housing Vouchers</p>	<ul style="list-style-type: none"> <li>• Individual, family, and group therapy</li> <li>• Clinical assessment</li> <li>• Medical consultation and medication</li> <li>• Service planning and coordination</li> <li>• Community supports &amp; employment services</li> <li>• Schools/PCP/Early care &amp; learning ctrs (youth only)</li> <li>• Peer programming (adults only)</li> <li>• Prevention work (youth only)</li> </ul>
--	---	--	---	---

## Current Overall Capacity in the Mental Health System\*

Type of Bed	Total Beds	Occupied	Closed	Open	Notes
Adult Inpatient	200	153	30	17	This total includes all adult inpatient at UVMHC, BR, VPCH, CVMC, RPMC, VA, Windham Center
Youth Inpatient	30	16	13	1	All inpatient beds for youth are at the Brattleboro Retreat
Adult Crisis Beds	38	16	7	15	
Youth Crisis Beds	18	8	7	3	

\*Point-in-time Data from Jan 10 2023



Thank you!